

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
Every Voice Action

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Donnelly

Signature of Treasurer David Donnelly [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Every Voice Action

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="700484.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="708939.09"/>	<input type="text" value="2290250.34"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1409423.64"/>	<input type="text" value="2290250.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="574359.61"/>	<input type="text" value="1455186.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="835064.03"/>	<input type="text" value="835064.03"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Every Voice Action

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1000.00	6000.00
(ii) Unitemized	604.00	2150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	1604.00	8150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1604.00	8150.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	707335.09	2282100.34
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	708939.09	2290250.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	708939.09	2290250.34

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	701.69	158879.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	701.69	158879.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	530322.83	977274.83
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	43335.09	319032.38
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	574359.61	1455186.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	574359.61	1455186.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1604.00	8150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1604.00	8150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	701.69	158879.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	701.69	158879.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 27
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Every Voice Action

A. Robin Shanus
Full Name (Last, First, Middle Initial)

Mailing Address 75 Remsen St

City Brooklyn State NY Zip Code 11201-3401

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation lawyer

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : VN8AJD8MZ38

Amount of Each Receipt this Period
1000.00

B.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Every Voice Action

A. Every Voice
Full Name (Last, First, Middle Initial)
Mailing Address 1133 19th St NW
FI 9
City Washington State DC Zip Code 20036-3612
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
194551.12

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2014
Transaction ID : VN8AJD9GN89
Amount of Each Receipt this Period
15000.00
*Payment to vendor-Luis Navarro as an In-kind contribution

B. CWA Working Voices
Full Name (Last, First, Middle Initial)
Mailing Address 501 3rd St NW
City Washington State DC Zip Code 20001-2760
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
100000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014
Transaction ID : VN8AJD7F794
Amount of Each Receipt this Period
100000.00

C. HOUSE MAJORITY PAC
Full Name (Last, First, Middle Initial)
Mailing Address 700 13th St NW
Ste 600
City Washington State DC Zip Code 20005-3960
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
19616.09

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2014
Transaction ID : VN8AJD8C4N1
Amount of Each Receipt this Period
8188.67
* In-Kind: *In-kind: Public Opinion Research

SUBTOTAL of Receipts This Page (optional).....	123188.67
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA17

Transaction ID : VN8AJD9GN89

see transaction VN7BA9WRZY3

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Every Voice Action

A. Jerry Kohlberg
Full Name (Last, First, Middle Initial)

Mailing Address 111 Radio Circle Dr

City Mount Kisco	State NY	Zip Code 10549-2609
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2014

Transaction ID : VN8AJD87CA2

Amount of Each Receipt this Period
50000.00

B. Mayday PAC
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 380444

City Cambridge	State MA	Zip Code 02238-0444
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FEC ID number of contributing federal political committee. **C** C00562587

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2014

Transaction ID : VN8AJD8XW17

Amount of Each Receipt this Period
444000.00

C. Matt Cutts
Full Name (Last, First, Middle Initial)

Mailing Address 554 Glen Alto Dr

City Los Altos	State CA	Zip Code 94024-4137
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FEC ID number of contributing federal political committee. **C**

Name of Employer Google	Occupation Software Engineer
----------------------------	---------------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2014

Transaction ID : VN8AJD8GMB6

Amount of Each Receipt this Period
50000.00

SUBTOTAL of Receipts This Page (optional).....▶	544000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial) A. Jonathan Lyon		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2014 Transaction ID : VN8AJD8GHN9
Mailing Address 11 Robbins Rd		Amount of Each Receipt this Period 10000.00
City Lexington	State MA	Zip Code 02421-5905
FEC ID number of contributing federal political committee. C		
Name of Employer Mt Independence Investments	Occupation Investor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. Marcy Carsey		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014 Transaction ID : VN8AJD8X9S6
Mailing Address 11601 Wilshire Blvd Ste 1840		Amount of Each Receipt this Period 10000.00
City Los Angeles	State CA	Zip Code 90025-1754
FEC ID number of contributing federal political committee. C		
Name of Employer Carsey Werner	Occupation Producer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. Every Voice		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014 Transaction ID : VN8AJDC1WG2
Mailing Address 1133 19th St NW FI 9		Amount of Each Receipt this Period 20146.42
City Washington	State DC	Zip Code 20036-3612
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214697.54	* In-Kind: in-kind staff time & associated overhead

SUBTOTAL of Receipts This Page (optional).....▶	40146.42
TOTAL This Period (last page this line number only).....▶	707335.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : VN7BA9W7X58

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : VN7BA9W7X40

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : VN7BA9WK1R2

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9WK1T8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9WK1Y9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9WK1X1

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9WK1W4

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9WK1V6

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. American Express Establishment Services

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Deposit Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9WK1Z7

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2014

Transaction ID : VN7BA9WQ5K4

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. American Express Establishment Services

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Deposit Fee

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2014

Transaction ID : VN7BA9WQ5N0

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. American Express Establishment Services

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Deposit Fee

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2014

Transaction ID : VN7BA9WQ5Q6

Amount of Each Disbursement this Period

29.05

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

97.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9X2KE9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Luis Navarro

Mailing Address 19121 Treadway Rd

City State Zip Code
Brookeville MD 20833-2736

Purpose of Disbursement
Consulting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9WS017

Amount of Each Disbursement this Period

pd by Every Voice as an in-kind contribution see VN8AJD9GN89

Full Name (Last, First, Middle Initial)

B. HOUSE MAJORITY PAC

Mailing Address 700 13th St NW
Ste 600

City State Zip Code
Washington DC 20005-3960

Purpose of Disbursement
*In-kind: Public Opinion Research

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN8AJD8C4N11

Amount of Each Disbursement this Period

* In-Kind Received

Full Name (Last, First, Middle Initial)

C. Every Voice

Mailing Address 1133 19th St NW
FI 9

City State Zip Code
Washington DC 20036-3612

Purpose of Disbursement
in-kind staff time & associated overhead

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN8AJDC1WG2I

Amount of Each Disbursement this Period

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee Buying Time	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 650 Massachusetts Ave NW Ste 210	Amount 130691.00
City Washington State DC Zip Code 20001-3728	Transaction ID : VN7BA9W2YH5 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 01 / 2014
Purpose of Expenditure Advertising Category/Type 004	Name of Federal Candidate Mike Rounds <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: SD
Calendar Year-To-Date Per Election for Office Sought 609554.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Every Voice	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 1133 19th St NW Fl 9	Amount 1000.00
City Washington State DC Zip Code 20036-3612	Transaction ID : VN7BA9W5X27 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 02 / 2014
Purpose of Expenditure Social Media Advertisement Costs Category/Type 004	Name of Federal Candidate Mike Rounds <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: SD
Calendar Year-To-Date Per Election for Office Sought 609554.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	131691.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Donnelly [Electronically Filed] Date M M / D D / Y Y Y Y
10 / 23 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Mission Control, Inc.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2014
Mailing Address 114 Mansfield Hollow Rd # A	Amount 17531.32
City Mansfield Center	State CT
Zip Code 06250-1316	Transaction ID : VN7BA9W5280
Purpose of Expenditure Mail	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2014
Category/Type 004	Name of Federal Candidate Carlos Curbelo
Name of Federal Candidate Carlos Curbelo	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 26 State: FL
Calendar Year-To-Date Per Election for Office Sought 27813.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Murphy Vogel Askew Reilly LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2014
Mailing Address 1199 N Fairfax St Ste 220	Amount 8126.12
City Alexandria	State VA
Zip Code 22314-1437	Transaction ID : VN7BA9W6H63
Purpose of Expenditure Advertising	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014
Category/Type 004	Name of Federal Candidate Mike Rounds
Name of Federal Candidate Mike Rounds	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: SD
Calendar Year-To-Date Per Election for Office Sought 609554.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25657.44
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Donnelly

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Every Voice Action
FEC IDENTIFICATION NUMBER
C C00566208
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Mission Control, Inc.
Mailing Address
114 Mansfield Hollow Rd
A
City
Mansfield Center
State
CT
Zip Code
06250-1316
Purpose of Expenditure
Direct Mail
Category/Type
004
Name of Federal Candidate
Doug Ose
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
26901.84

Date of Public Distribution/Dissemination
10 / 06 / 2014
Amount
22122.74
Transaction ID : VN7BA9WAGY2
Date of Disbursement or Obligation
10 / 06 / 2014
Office Sought:
House
District: 07
State: CA
Disbursement For:
General
2014

Full Name of Payee
Mack Sumner Communications
Mailing Address
2001 N Beauregard St
Ste 420
City
Alexandria
State
VA
Zip Code
22311-1750
Purpose of Expenditure
Mail
Category/Type
004
Name of Federal Candidate
John Katko
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
24753.74

Date of Public Distribution/Dissemination
10 / 14 / 2014
Amount
12376.87
Transaction ID : VN7BA9WHHD4
Date of Disbursement or Obligation
10 / 10 / 2014
Office Sought:
House
District: 24
State: NY
Disbursement For:
General
2014

(a) SUBTOTAL of Itemized Independent Expenditures 34499.61
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature David Donnelly [Electronically Filed] Date 10 / 23 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Mack Sumner Communications	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2014
Mailing Address 2001 N Beauregard St Ste 420	Amount 13318.72
City State Zip Code Alexandria VA 22311-1750	
Purpose of Expenditure Mail	Category/Type 004
Name of Federal Candidate Marilinda Garcia	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014
Name of Federal Candidate Marilinda Garcia	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 26637.44	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mission Control, Inc.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2014
Mailing Address 114 Mansfield Hollow Rd # A	Amount 13036.83
City State Zip Code Mansfield Center CT 06250-1316	
Purpose of Expenditure Mail	Category/Type 004
Name of Federal Candidate NAN HAYWORTH	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014
Name of Federal Candidate NAN HAYWORTH	Office Sought: <input checked="" type="checkbox"/> House District: <u>18</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought 26053.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26355.55
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Donnelly [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Murphy Vogel Askew Reilly LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2014
Mailing Address 1199 N Fairfax St Ste 220	Amount 1000.00
City State Zip Code Alexandria VA 22314-1437	
Purpose of Expenditure Advertising Production	Category/Type 004
Name of Federal Candidate Mike Rounds	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 609554.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Murphy Vogel Askew Reilly LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2014
Mailing Address 1199 N Fairfax St Ste 220	Amount 7601.12
City State Zip Code Alexandria VA 22314-1437	
Purpose of Expenditure Advertising Production	Category/Type 004
Name of Federal Candidate Mike Rounds	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 609554.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8601.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Donnelly [Electronically Filed] Date M M / D D / Y Y Y Y Y Y

Signature 10 / 23 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Mission Control, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 114 Mansfield Hollow Rd # A	Amount 13016.83
City Mansfield Center State CT Zip Code 06250-1316	Transaction ID : VN7BA9WPR57 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2014
Purpose of Expenditure Mail Category/Type 004	Name of Federal Candidate NAN HAYWORTH <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 26053.66	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mission Control, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 114 Mansfield Hollow Rd # A	Amount 2389.55
City Mansfield Center State CT Zip Code 06250-1316	Transaction ID : VN7BA9WPR73 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2014
Purpose of Expenditure Mail Category/Type 004	Name of Federal Candidate Doug Ose <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 26901.84	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15406.38
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Donnelly [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 23 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Every Voice	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 1133 19th St NW Fl 9	Amount 1000.00
City State Zip Code Washington DC 20036-3612	
Purpose of Expenditure Social Media Advertisement Costs	Category/Type 004
Name of Federal Candidate Larry Pressler	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 609554.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Murphy Vogel Askew Reilly LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 1199 N Fairfax St Ste 220	Amount 9880.41
City State Zip Code Alexandria VA 22314-1437	
Purpose of Expenditure Advertising Production	Category/Type 004
Name of Federal Candidate Larry Pressler	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 609554.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10880.41
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	530322.83

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Donnelly [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 23 / 2014

Signature _____